

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2						
3						
4						
5						
6						
7						
8						
9						
10						
11	1					
12		1				
13			1			
14				1		
15					1	
16						1
17						
18						
19						
20						
21	1					
22						
23		1				
24			1			
25				1		
26					1	
27						1
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32						
33			1			
34	1					
35				1		
36					1	
37						1
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42						
43						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	5					
TOTAL DEP.	30	→	→	→		
TOTAL CLAIMS	35					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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52						
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98						
99						
100						
TOTAL IND.						
TOTAL DEP.		→	→	→		
TOTAL CLAIMS						